

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SAW APPARATUS AND FEED APPARATUS THEREFOR
Attorney Docket Number::	4508-1002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NEW ZEALAND  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name:: STEPHEN  
Family Name:: MCIVOR  
City of Residence:: AUCKLAND  
State or Province of Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing 95A BEACH ROAD, CASTOR BAY  
Address::  
City of Mailing Address:: AUCKLAND  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND  
Postal or Zip Code of Mailing Address:: 1309

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ00/00192	9/29/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	500034	9/30/99	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::